

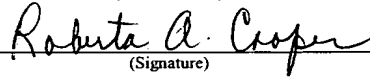
16138 U.S. PTO  
031104

Atty. Dkt. No. 029036-0101

22858 U.S. PTO  
10/798681  
031104

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: David E. Adams  
Title: INHALATION DEVICE AND METHOD  
Appl. No.: To be determined  
Filing Date: 03/11/2004  
Examiner: To be determined  
Art Unit: To be determined

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 431597916 US (Express Mail Label Number)	03/11/04 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
 (Signature)	

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

David E. Adams  
2480 Graves Road  
Batavia, Ohio 45103

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Specification, Claim(s), and Abstract (21 pages).

☒ Informal drawings (2 sheets, Figures 1 and 2).

☒ Declaration and Power of Attorney (3 pages).

- ☒ Assignment of the invention to CINDET, LLC (3 pages).
- ☒ Assignment Recordation Cover Sheet.
- ☒ Check number 13790 in the amount of \$40.00 for Assignment recordation.
- ☒ Information Disclosure Statement (2 pages).
- ☒ Form PTO-1449 (3 pages) with 40 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76) (4 pages).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	36	-	20	=	16	x	\$18.00	=	\$288.00
Claims:									
Independents	3	-	3	=	0	x	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
							SUBTOTAL:	=	\$1058.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):								=	\$529.00
							TOTAL FILING FEE:	=	\$529.00

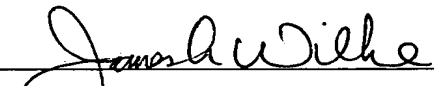
- ☒ Check number 13789 in the amount of \$529.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 03-11-04

FOLEY & LARDNER LLP  
777 East Wisconsin Avenue  
Milwaukee, Wisconsin 53202-5306  
Telephone: (414) 297-5776  
Facsimile: (414) 297-4900

By 

James A. Wilke  
Attorney for Applicant  
Registration No. 34,279